APPENDIX II
Parental Consent Form

This Parental Consent Form gives permission for my child to participate in an activity sponsored by a local church, cluster, District of the Eastern Pennsylvania Conference of the United Methodist Church. (All portions of this form shall be completed for registration).

Name of child _____________________________________ Telephone ____________________

Address _____________________________________________________________________

I give permission for my child __________________________ to attend and participate in

(full name of child)

Name of Event:

My child has the following physical condition that may require special attention:
(  ) Diabetes (  ) Hyperventilation (  ) Convulsions (  ) Seizures (  ) Allergies
(  ) Other (please specify) ______________________________________________________

Does your child require any special accommodations or have special accessibility needs?
Explain __________________________________________________________
(A counselor or youth staff member will contact you to discuss these needs.)

Medical Treatment Release and Liability Release
I hereby authorize event staff to obtain and give consent for medical treatment for my child for such injury or illness that may occur during the event and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this event.

It is my understanding that the above named participant will be covered by my personal medical insurance. The event provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable in excess of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the event limited/supplemental medical insurance will be paid by me.

Name of parent/guardian (Please print) ____________________________________________

Signature of parent/guardian __________________________ Date ____________________

Telephone: Home ___________________________ Office ___________________________

Medical Insurance Carrier __________________________ Group No. __________________

This form is made available by the Property & Casualty Insurance Committee of the Eastern Pennsylvania Conference of the United Methodist Church and may be copied. Approved by Conference Chancellor and Conference.